## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000085000 (4)

ALVAREZ PRODUCTIONS, INC.

,												
Principal Place of Business			Mailin	Mailing Address				1   10   10   10   10   10   10   10	BOID! IAIBI AIIII I			
9301 PINETREI MIAMI BEACH				9301 PINETREE DR. MIAMI BEACH FL 33140-3930								
								3. Date incorporated or Qualified 11/02/1995	3a. Date of Last Report 05/01/1996			
	Place of Busin	OSS	2a. Ma	2a. Mailing Address				4. FEI Number		Ap	plied For	
21			26					65-0623745		No	t Applicable	
Suite, Apt.			27					5. Certificate of Status Desired	□ \$ <sup>1</sup>	<b>8.75</b> / Fee Re	Additional equired	
City & State	te		Cit	City & State				6. Election Campaign Financing	\$	5.00	May Be	
23			28					Trust Fund Contribution		Added t	o Fees	
Žip	-	<u>├─</u> ─┐				8. This corporation has liability for intangible tax under s. 19				199.032,		
24		25	29]		30				Yes No			
e, Name and Address of Current Registered Agent							Name	10. Name and Address of New Re	gistered Ager	11		
ALVAREZ, LAUREN 3301 PINETREE DR						1	IValle					
				)			Street Addre	ddress (P.O. Box Number is Not Acceptable)				
MIA	MI BEACH I		В									
						1	City		FL B5	1	i	
office or r	reaistered aa	ons of Sections 607.0 ent, or both, in the Sta h, and accept the ob	ate of Florida. S	Such change was:	authorized t	bv I	the corporation	oration submits this statement for the p on's board of directors. I horeby accep	urpose of cha It the appointn	nging it nent as	s registered registered	
SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE Registered							il signature required	d whon reinstating)	DATE	<del></del>	<del></del>	
12.		OFFICERS A	AND DIRECTO					ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR	S IN 12	
TITLE	P			DELETE	1.1 1ITLE					Change	Addition	
NAME	ALVAREZ, LAUREN			1.2 N			2 NAME					
STREET ADDRESS				1			NDDRESS					
CITY-ST-ZIP	Miami be	ACH FL 33140			1.4 CITY	-ST-	- ZIP					
TITLE				DELFTE	2.1 TITLE					Change	Addition	
NAME					2.2 NAME	Ε						
STREET ADDRESS					2 3 STRE	ETA	ADDRESS					
CITY-ST-Z#P					2. ¶ CITY	-ST	i - ZIP					
TITLE				DELETE	3.1 TITLE					Change	Addition	
NAME					3.2 NAME	Ε						
STREET ADDRESS					3.3 STRES	ET A	NDDRFSS					
CITY-ST-ZIP					3.4. CHY	- 51	1-21P					
TITLE				DELETE	4.1 TITLE					Change	Addition	
NAME					4. 2 NAM	IE.						
STREET ADDRESS					4.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP					4.4 CITY	ST-	- ZIP					
TITLE				DELETE	5.1 TITLE					Change	Addition	
NAME					5.2 NAM8	Ε						
STREET ADDRESS					5.3 S1RE	ET A	ADDRESS					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 the chapter on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE